

9367

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

## PLACE OF DEATH

County Navajo  
 District Taylor  
 Town  
 Or City Taylor

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 510

## ORIGINAL CERTIFICATE OF DEATH

County Registered No. 4

Local Registrar's No. ....

No. .... St.  
 (If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Lynn Morgan Jennings

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male ☒ Color or Race  
☐ White ☐ Indian  
☐ Black ☐ Chinese  
☐ Mexican  
 SINGLE ☐ MARRIED  
☐ WIDOWED  
☐ or DIVORCED  
 DATE OF BIRTH Aug 15 1913  
 (Month) (Day) (Year)  
 AGE ..... yrs. .... mos. 5 days 15 hrs. or ..... min.  
 OCCUPATION  
 (a) Trade, profession or particular kind of work.....  
 (b) General nature of industry, business, or establishment in which employed or (employer).....

BIRTHPLACE (State or country) Taylor ArizNAME OF FATHER Lafayette JenningsBIRTHPLACE OF FATHER (State or country) UtahMAIDEN NAME OF MOTHER Della Jane WillisBIRTHPLACE OF MOTHER (State or county) Taylor Ariz

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hilda D Lewis

(Address) .....

PLACE OF BURIAL OR REMOVAL Taylor SemetaryDATE OF BURIAL OR REMOVAL Feb 3 1914

UNDERTAKER ADDRESS .....

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 2 1914  
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from .....  
 191..... to ..... 191.....; that I last saw h..... alive  
 on ..... 191..... and that death occurred on the date  
 stated above at ..... M. The DISEASE or INJURY causing Death  
 was as follows:.....

(Duration) ..... yrs. .... mos. .... days.....

Was disease contracted in Arizona? yes

If not, where? .....

CONTRIBUTORY Pneumonia(Duration) ..... yrs. .... mos. 3 days.....

(Signed) .....

..... 191..... (Address).....

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death ..... yrs. .... mos. .... ds. In Arizona ..... yrs. .... mos. .... ds.

Former or Usual Residence.....

Filed ..... 191..... Hilda D Lewis

Local Registrar

Filed ..... 191..... John Bayall

County Registrar